## **2002 UNIFORM BUSINESS REPORT (UBR)**

**SIGNATURE:** 

DOCUMENT # P0100054056  1. Entity Name SERGIO SANTOS PHOTO STUDIOS, INC.					Secretary of State 05-22-2002 90121 030 ***158.75				
	=	Mailing Address 6505 WEST 27TH AVENUE BLDG. 40 APT. 24 HIALEAH FL 33016	,						
	Place of Business # ST	- +h <>+			<b>418</b> 0 41 <b>6</b> 11 <b>01</b> 411 <b>44</b> 114 <b>64</b> 141	OFIEL FILL DIEN 1816:			
Suite, Apt. #, etc. Suite # 217 Suite, Apt. #, etc. Suite # 2			<del></del>			DO NOT WRITE IN 1	THIS SPACE		
City & Sta	te	City & State MIAMI FL	<u>7</u>	4.	FEI Number 95 - // 10	243	/ —	pplied For	
331			Country		Certificate of Sta	//	\$8.75 Ad		
	6. Name and Address of Current R			7.	Name and Addr	ess of New Registe	•	30	
			Name		S-,-5E				
343 ALMI	& Utrera, P.A. Eria avenue Ables Fl 33134			Box Number is N		# 21	7		
			City /	1100	~		FL Zycy	944	
SIGNATURE  9. This corpo	e named entity stamits this statement for the statement for the statement of registered agent an orration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! F	istered Agent signatu	ure required when r	einstating)	he State of Florida.  0.  Campaign Financinc	1/8/0	2	
(See crite	ria on back)	After May 1, 2002 F Make Check Payable to				d Contribution.		d to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SANTOS, SERGIO 6505 WEST 27TH AVENUE BLDG. HIALEAH FL 33016	☐ Delete 40 APT 24	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SANT	05, 5E	1910 14 ST S 33144	AND DIRECTOR  Thange  Lite # 2	Addition 3	E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SANTOS, SERGI 7175 SW 8+11 ST MIHMI- FL 3	- Z 11111	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	SEC.
NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADORESS CITY-ST-ZIP		===		Change	Addition	=
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<del>-</del>	☐ Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			☐ Change	Addition	
of the corp	ertify that the information supplied with the on this report or supplemental report is true contains or the receiver or trustee employers of the state of the sta	ed to execute this report as re-							